CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT#		1	2 Total pages file	ed:		
			4			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		МІ	OFFICE	USE ONLY
NAME	Mr 	Phil LAST Hardberge		D 	Date Received	
ORIGINAL REPORT TYPE						
REPORTTIFE	3 Days Before Main	Election			Date Hand-delivered o	or Date Postmarked
					Receipt #	Amount
5 ORIGINAL	Month Day Year		Month [Day Year	Legal	Totals
PERIOD COVERED	4/28/2005	THROUGH	5/3/2005	Date Processed		
			-		Date Imaged	
CORRECTION	typographical error					
7 AFFIDAVIT				firm, under pe d report is true	nalty of perjury and correct.	r, that
AFFIX NOTARY STAMP / SEAL ABOVE			Signature of Candidate or Officeholder			
Sworn to and subscribed before me by Mr Phil D Hardberger this the this the day of, 20,						
to certify which, witness	s my hand and seal of of	ffice.				
Signature of officer administering	oath Printe	d name of officer a	dministering oath	Title o	f officer administering o	ath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed: 26						
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FI	IRST	MI	_	JSE ONLY	
NAME		Phil AST	D	Date Received		
	н	lardberger				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUIT	TE#; CITY;	STATE; ZIP COD	E		
ADDRESS Change of Address	P.O. Box 15347 San Antonio, TX 78212			Date Hand-delivered o	r Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE N	UMBER	EXTENSION			
PHONE 6 CAMPAIGN	(210) 828-3451	_		Receipt #	Amount	
TREASURER		rst Iichael	мі D	Date Imaged		
NAME		AST	SUFFIX	and the 15 magnets		
	ı	Beldon				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLE 5039 West Avenue San Antonio, TX 78213	:ASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 341-3100					
9 REPORT TYPE						
	3 Days Before Main Election					
10 PERIOD Month Day Year Month Day Year COVERED THROUGH						
	4/28/2005		5/3/200	05		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	—	- ·	—	
	5/7/2005	Primary	Runoff	X General	Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (I	f known)		
	N/A		Mayor			
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
Address / PO Box; Apt. / Sutte #; City; State; Zip Code						
additional pages						
GO TO PAGE 2						

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 16ACCOUNT#(Ethics Commission flors) Mr Phil D Hardberger						
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADD RESS				
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$31355.00					
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE TOTALS			\$0			
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL F OF REPO	\$ \$55404.48				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$300000.00				
19 AFFIDAVIT						
		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.				
Signature of Candidate or Office holder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Mr Phil D Hardberger , this the 5th day						
of <u>May</u> , 20 <u>05</u> , to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath Titi	e of officer administering oath			

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Гех	as Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850	
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	6		SCHEDULE A	
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule A: 1 of 1		
2	FILER NAME	<u> </u>		3 ACCOUNT # (Ethics Commission filers)		
	Mr Phil D H	ardberger				
4	Date 4/28/2005	5 Full name of contributor □out-of-state PAC (ID# Stephanie Lyons 6 Contributor address; City; State; Zip Code 126 Villita San Antonio, TX 78205		7 Amount of contribution (\$) 900.00	8 In-kind contribution description (if applicable)	
9	Principal occuj	pation / Job title (See Instructions)	10 Employer (See Instructions)			
	Date	Full name of contributor out-or-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
	Date	Full name of contributor out-or-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
	Date	Full name of contributor □out-of-state PAC (ID#; Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
	Date	Full name of contributor □out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer(See Instructions)			
				_		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.